

# Work Order ID 85517

**\*85517\***

Page 1

Item ID: D2067

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Item Name: Connector

Stop **\*NS2\***

Start Date: 08/06/2012 Start Qty: 30.00

**\*30\***

Cust Item ID:

Required Date: 22/06/2012 Req'd Qty: 30.00

**\*30\***

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 12/06/08 Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D2067	B								
100	PURCHASING	0.00							
<b>*100*</b>									
Purchasing	Memo	0.00							
Purchasing	Issue P/O: <u>17179</u>								
	Purchase Part Number: FT319								
	Supplier: Arens Controls								
	Certificate of conformity is required								
110	Receive & Inspect for Damage & Mat'l Certs	0.00							
<b>*110*</b>									
Packaging	Memo	0.00							
Packaging	Ensure certificate of conformity is attached								
120	QC6- Inspect dimensions to drawing	0.00							
<b>*120*</b>									
QC	Memo	0.00							
Quality Control									

CZ 12/06/11 (30)

12/10/12 (30)

0.00 17/06/15

730

# Work Order ID 85517

**\*85517\***

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June-08-12 2:48:16 PM

Item ID: D2067

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Connector

Start Date: 08/06/2012 Start Qty: 30.00 **\*30\***

Cust Item ID:

Required Date: 22/06/2012 Req'd Qty: 30.00 **\*30\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130	Small Fab	0.00							
<b>*130*</b>									
Small Fab	Memo	0.00							
Small Fab	1- Enlarge hole as per dwg 2- Assemble as per dwg								
140	QC5- Inspect part completeness to step on W/O	0.00							
<b>*140*</b>									
QC	Memo	0.00							
Quality Control									
150	Identify as per dwg & Stock Location: <b>874</b>	0.00							
<b>*150*</b>									
Packaging	Memo	0.00							
Packaging									

30x

*[Signature]*  
12/10/15

*SmB*  
12/10/16

30  
*ccent*

30x

*80*  
12-10-16

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/>            Other <input type="checkbox"/> </div> <div>           Engineering Quality <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Offset/Setup											
Other											
Process											
Supplier											
Training											
Unauthorized											

FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending Passes Below Min <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimp at Bending <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Other <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Ripples on Inner Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>Hardware</b> <input type="checkbox"/> Breaking <input type="checkbox"/> Missing <input type="checkbox"/> Size/Length <input type="checkbox"/> Spinning <input type="checkbox"/> Threading <input type="checkbox"/> Wrong  <b>Drill Holes</b> <input type="checkbox"/> Misaligned <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Undersized <input type="checkbox"/> Too Many	<b>General</b> <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Documentation/Data <input type="checkbox"/> Finish <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Inspection Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Jigs/Fixtures/Tooling <input type="checkbox"/> Kit Incorrect <input type="checkbox"/> Kit Missing	<input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Off-Set <input type="checkbox"/> Orientation Misread <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Lost <input type="checkbox"/> Part Moved <input type="checkbox"/> Raw Material	<input type="checkbox"/> Set-up <input type="checkbox"/> Supplier <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other _____ _____ _____

**Work Order ID 85517****\*85517\***

Page 3

June-08-12 2:48:16 PM

Item ID: D2067

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Connector

Start Date: 08/06/2012 Start Qty: 30.00

**\*30\***

Cust Item ID:

Required Date: 22/06/2012 Req'd Qty: 30.00

**\*30\***

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

160

QC21- Final Inspection - Work Order Release

0.00

**\*160\***

QC

Memo

0.00

Quality Control

MCS 12-10-16  
MCS 12-10-16



# Picklist Print

June-08-12 2:48:19 PM

Page 1

Work Order ID: 85517

\*85517\*

Parent Item: D2067

\*D2067\*

Parent Item Name: Connector

Start Date: 08/06/2012

Required Date: 22/06/2012

Start Qty: 30.00

Required Qty: 30.00

Comments: IPP Rev:E 02.09.09 Re-format; Added AN960JD10KJ IPP REV:F  
11.01.19 AS PER DWG REV.B DD VERF:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
FT319		Purchased	No			110	Each	0.0000	1	30			
<b>*FT319*</b>									<b>**</b>				
Connector													
AN960JD10	NAS1149D0363J	Purchased	No			130	Each	0.0000	1	30			
<b>*AN960JD10*</b>									<b>**</b>				
Washer													
MS21042L3		Purchased	No			130	Each	2,027.000	1	30			
<b>*MS21042L3*</b>									<b>**</b>				
Nut													

## Location

ST300

115835  
117885  
119017  
119075  
121349  
121444

## Loc Qty

2027  
4  
32  
900  
138  
143  
810

## Loc Code

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

M122452 (30x)

Pur 12/8/12 85517

ES 12/10/15

ES 12/10/15



NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

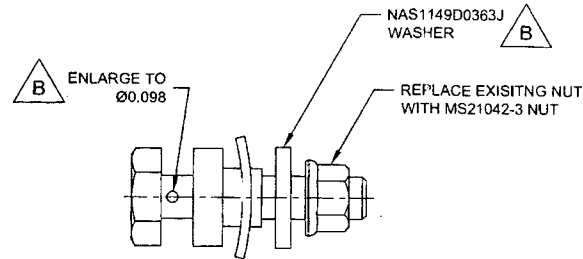
DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/>            Other <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </div> </div>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data												
Equip/Tooling												
Operator												
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Offset/Setup												
Other												
Process												
Supplier												
Training												
Unauthorized												
<b>FAULT CATEGORY</b>												
<b>Landing Gear</b> <input type="checkbox"/> Bending Passes Below Min <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimp at Bending <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Other <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Ripples on Inner Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>Hardware</b> <input type="checkbox"/> Breaking <input type="checkbox"/> Missing <input type="checkbox"/> Size/Length <input type="checkbox"/> Spinning <input type="checkbox"/> Threading <input type="checkbox"/> Wrong  <b>Drill Holes</b> <input type="checkbox"/> Misaligned <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Undersized <input type="checkbox"/> Too Many			<b>General</b> <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Documentation/Data <input type="checkbox"/> Finish <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Inspection Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Jigs/Fixtures/Tooling <input type="checkbox"/> Kit Incorrect <input type="checkbox"/> Kit Missing			<input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Off-Set <input type="checkbox"/> Orientation Misread <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Lost <input type="checkbox"/> Part Moved <input type="checkbox"/> Raw Material		<input type="checkbox"/> Set-up <input type="checkbox"/> Supplier <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other _____ _____ _____	



# SPECIFICATION CONTROL DRAWING



D2067 CONNECTOR

SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
*ESS17 MLJ*  
*12/06/08*

RELEASED  
- 2011-01-18  
*ND*

**NOTES:**

- 1) MATERIAL: PURCHASED FROM ARENS.  
SUPPLIER P/N: FT319
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: NONE
- 7) WEIGHT: LESS THAN 0.01 lbs

B	REFORMAT; ADD NAS1149D0363J WASHER & NOTE TO ENLARGED HOLE TO Ø0.098. REF. NCR#10-383	MB	11.01.17
A	NEW ISSUE	RF	99.04.30
REV.	DESCRIPTION	BY	DATE
DESIGN	<i>[Signature]</i>	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA	
DRAWN	<i>[Signature]</i>		
CHECKED	<i>[Signature]</i>	DRAWING NO.	REV. B
MFG. APPR.	<i>[Signature]</i>	D2067	SHEET 1 OF 1
APPROVED	<i>[Signature]</i>	TITLE	SCALE
DE APPR.	<i>[Signature]</i>	CONNECTOR	NTS
DATE	11.01.17	<small>COPYRIGHT © 1999 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD</small>	



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO17179

Purchase Order Date 6/11/12

PO Print Date 6/12/12

Page Number 1 of 1

Order From :

VU-ELL001

ELLIOTT MANUFACTURING  
23297 NETWORK PLACE  
CHICAGO, IL 60673-1232  
US

Contact Name

Vendor Phone 607 772 0404

Vendor Fax 607 772 0431

Vendor Account Nbr

Buyer

Chantal Lavoie

Requisition Nbr

Tax Resale Nbr

Terms

Currency

FOB

10127-2607

Net 30

USD

FOB Origin

**FAKED**  
6/12/12

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

*REVISED  
dates*

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	FT319	Connector	8/10/12 Yes	30.00 Each	FedEx PI collect	\$16.6700	\$500.10

Special Inst: AS PER DWG D2067 REV. B  
B85517

PLEASE ADVISE DELIVERY

PO Total:

\$500.10

**CERTIFICATE OF CONFORMITY  
REQ'D UPON DELIVERY**

Change Nbr:

2

Change Date: 6/12/12

No substitution or deviation without  
consent.

Certificate of Conformity or Material  
Certification required - YES NO



BW Elliott Manufacturing Co., LLC  
11 Beckwith Avenue  
Binghamton, NY 13901

607-772-0404  
Fax: 607-772-0431

# Packing List

Order Date: 06/20/2012  
Printed Date: 10/09/2012  
Page: 1

## Ship To:


DART AEROSPACE LTD  
1270 ABERDEEN STREET  
HAWKESBURY, ONTARIO K6A 1K7  
CANADA

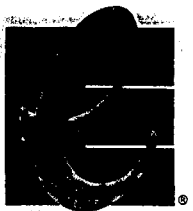
## SO Shipment



**Sales Order 192917-12283**



Customer ID	Purchase Order	Terms	Ship Via	F.O.B.	Sales Person	Ship From	Source
DAR130	PO17179	NET 30 DAYS	FEDX-GRD-COLLECT	origin	0F	ONSITE	
Order Qty	Shipped Qty	U.O.M.	Item Number	Req. Date		Item Status	
	Backorder Qty	Description					
30	30	EA	FT319	10/10/2012		Sale	
	0	REV H FITTING					
							
		Elliott Item: FT319					
		DART P/N FT319					
		LEVEL 1 C OF C PS-004 REF QUOTE Q-0028491 ATTACHED					



elliott manufacturing

an **Actuant** Company

Elliott Manufacturing  
PO Box 773  
Binghamton, NY 13902-0773  
Tel: (607) 772-0404  
Website: [www.elliottmfg.com](http://www.elliottmfg.com)

**CONFORMANCE CERTIFICATE FOR MATERIAL SHIPPED**

Dated 10/9/2012

Elliott Manufacturing hereby certifies that all materials and processes used in the manufacture of parts called for on Purchase Order Number **PO17179** received from **DART AEROSPACE LTD** conform to manufacturing specifications indicated in drawings or specifications as called for on said purchase order. Process certifications, chemical and physical test reports, as required by drawing, specification and/or other applicable documentation are on file and may be inspected by the buyer and/or government representative upon request.

<u>Description</u>	<u>Customer Part Number</u>	<u>Quantity</u>
REV H, FITTING	FT319	30 EA

8/17/10/15

ELLIOTT MANUFACTURING

BY: \_\_\_\_\_

TITLE: Tech